Signature of Authorized Representative	 Date
riease rillit of Type Name of Authorized Representative	nue
Please Print or Type Name of Authorized Representative	 Title
The of hereby releases and discharges the State of Illinois, if from all liabilities, obligations and claims arising out of the particles.	
I hereby certify that all bills in connection with this Grant Project have been paid, and that fina lien waivers from the prime contractor(s) are on file in our office.	
Dear Ms. Clark:	
Infrastructure Financial Assistance Section 1021 North Grand Avenue East Springfield, IL 62794-9276	
Lanina Clark Illinois Environmental Protection Agency Bureau of Water	

Re: C17-